Eastchester SEPTA Membership 2026-27

Does your child receive any special services? Or are you interested in Special Education? We encourage you to join SEPTA - The Special Education PTA of Eastchester, New York.

What is SEPTA? SEPTA is an organization of interested parents, most with children receiving special services through the district, as well as special education faculty and administration who join together to help all our children reach their fullest potential. Special services range from resource room, classroom aides, occupational/speech therapy, and special education classes. Any parent of a child who receives special services should join SEPTA.

SEPTA's Goals:

- Inform and educate parents via meeting speakers, email blasts, FB and our website
- Support special education/special services faculty and programs
  - **Grants:** available to faculty members who are **active** members of SEPTA
  - Sponsor the **School to Work** program, Canine Therapy, Music Therapy, Unified Sports, and after-school programs
  - Scholarships to select graduating seniors w/ parents who have been SEPTA members and are active within SEPTA.

Join a community of friendship and sharing, with open dialogue between parents of children receiving special services and the faculty and administration who provide them.

To submit your 2026-27 membership form and payment by mail, see the form below or visit us at **www.eastchestersepta.org** and look for the link on the home or membership page.

Sincerely,
The 2026-27 SEPTA Executive Board

Eastchester SEPTA Executive Board 2026-27

Co-Presidents:
Jennifer Inglis
Maria Valente Rodriguez

Secretary:
Erica Hankinson

Treasurer:
Doreen Napolitano

VP Membership:
Laura Bern

VP Programming:
Amy Earle

PTA Council Rep:
Theresa Baker

To pay $15 dues by check (see form below) or JOIN ONLINE at eastchestersepta.org/membership

Please submit your 2026-27 membership form and dues of $15, payable to "EASTCHESTER SEPTA" and mail to: Laura Bern| 8 Arlington Road | Scarsdale, NY 10583

Family Name: _____ Phone: _____ E-mail: _____

Your First Name: _____ Your Last Name: _____

Address: _____

Child: (first/last) _____ Grade: ___ School/Teacher:_____

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Would you like to volunteer at one of our events? (Y/N) _____ Are you also a staff member? (Y/N) _____